

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10651674

FILING DATE

9-2003

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23		2				
24	1					
25		1				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	30					
TOTAL CLAIMS	34					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.												
TOTAL CLAIMS												